DOCUMENT RESUME

ED 368 722 SP 035 171

AUTHOR Folsom-Meek, Sherry L.
TITLE Effects of Training on Head Start Providers' Attitudes toward Children with Disabilities and Knowledge of Motor Development.
PUB DATE Apr 94
NOTE 19p.; Paper presented at the Annual Meeting of the American Alliance for Health, Physical Education, Recreation, and Dance (Denver, CO, April 13-17, 1994).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Attitude Measures; *Child Caregivers; Child Development; *Disabilities; Federal Legislation; Knowledge Level; *Motor Development; Preschool Education; Preschool Teachers; *Professional Training; Teacher Attitudes; Young Children
IDENTIFIERS Individuals with Disabilities Education Act; *Project Head Start; *Training Effectiveness

ABSTRACT

In conjunction with Public Law 101-476, the Individuals with Disabilities Education Act, Head Start programs are committed to including children with disabilities as 10 percent of their student population. This study sought to determine the effects of training on Head Start providers' attitudes toward children with disabilities and their knowledge of motor development concepts. Child care provider groups (N=30) participating in the study were: 10 Head Start Director/Teacher (HSDT), 10 Head Start Assistant Teacher (HSAT), and 10 in a control group. Treatment for the Head Start groups consisted of workshops in inclusion and motor development. A posttest-only design was utilized. Following treatment/no treatment, childcare providers completed two instruments--the Mainstreaming Attitude Inventory for Day Care Providers and a motor development knowledge test designed to assess knowledge of concepts presented. For attitude and motor development knowledge data, mean scores in descending order were HSAT, HSDT, and control. Follow-up post hoc analyses revealed a significant difference between HSAT and control groups with attitudes toward children with disabilities and no significant differences among groups with knowledge of motor development. Descriptive statistics of attitude and motor development scores by group, results of Fisher's LSD Post-Hoc Test on Attitude Scores, samples of Mainstreaming Attitude Inventory for Day Care Providers, and Motor Development Knowledge Test are included. (Contains 15 references.) (LL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 368 722

Effects of Training on Head Start Providers' Attitudes Toward Children with Disabilities and Knowledge of Motor Development

Sherry L. Folsom–Meek, PhD
Mankato State University
Mankato, MN

[This paper was presented to Research Consortium Poster Session: Special Populations (Friday, 4/15/94; 2:00–3:15 P.M.) at the 1994 Annual Convention of the American Alliance for Health, Physical Education, Recreation and Dance, Denver, CO.]

Running head: Head Start Training

SP035171

Abstract

The purpose of this study was to determine effects of training on Head Start providers' attitudes toward children with disabilities and knowledge of motor development concepts. Child care provider groups (N=30) participating in the study were: Head Start Director/Teacher [HSDT] (n=10), Head Start Assistant Teacher [HSAT] (n=10), and control (n=10). Treatment for the Head Start groups consisted of workshops in inclusion and motor development. A posttest–only design was utilized; following treatment/no treatment, child care providers completed two instruments—the Mainstreaming Attitude Inventory for Day Care Providers, a modification of the Jansma and Shultz (1982) instrument, and a motor development knowledge test designed to assess knowledge of concepts presented. For attitude and motor development knowledge data, mean scores in descending order were HSAT, HSDT, and control. Results of MANOVA indicated a significant difference among groups [Δ = .70, F (4,52) = 2.56, p = .04]. Follow–up post hoc analyses revealed a significant difference between HSAT and control groups with attitudes toward children with disabilities and no significant differences among groups with knowledge of motor development.

Effects of Training on Head Start Providers' Attitudes Toward Children with Disabilities and Knowledge of Motor Development

Public Law 94–142 and its replacement, Public Law 101–476, have mandated that children with disabilities be educated in the least restrictive environment, which has been interpreted to be the regular classroom whenever possible. Placement of preschool children with disabilities into regular programs in the public schools is somewhat difficult because public schools traditionally have not provided services for preschool children without disabilities. Possible less restrictive, or integrated, settings for preschool children with and without disabilities are Head Start and community preschool programs (Radonovich & Houck, 1990). Head Start programs are committed to including children with disabilities as 10% of their student population. In fact, about 11% of Head Start children served have disabilities (Washington & Oyemade, 1985). Results of a statewide survey of 17 early childhood programs funded by the New Mexico Developmental Disabilities Council indicated that, of the types of child care services used for young children with disabilities, the combination of a Head Start program and a babysitter accounted for 38% of child care services, whereas day care centers accounted for only 24% (Klein & Sheehan, 1987). Head Start programs typically serve four– and five–year–old children, with the majority of the children being four–year–olds (Hymes, 1985).

Educational levels of child care providers range from some high school to college graduates (Ruopp, Travess, Glantz, & Coelen, 1979). In addition, there are few child care providers who have been comprehensively trained to

meet the unique needs of young children with disabilities (Klein & Sheehan, 1987). More specifically, many Head Start personnel have had little or no formal training in integration techniques for including children with disabilities in their programs and/or motor development. Part of the training problem is be that Head Start teachers are not highly educated and therefore are not highly paid (Hymes, 1985). In addition to social skills development, programs for preschool children with and without disabilities typically include the following areas: (a) language development, (b) motor development, and (c) cognitive development (Radonovich & Houck, 1990). The purpose of this study was to determine the effects of training on Head Start providers' attitudes toward children with disabilities and knowledge of motor development concepts.

Method

Subjects

Prior to treatment and/or data collection, informed consent was obtained from all subjects according to institutional guidelines. Three groups of child care providers participated in this study: (a) Head Start Director/Teacher [HSDT] (n = 10), (b) Head Start Assistant Teacher [HSAT] (n = 10), and (c) control (n = 10). The control group was randomly selected from applicants who met the following criteria: (a) had not been involved with the Missouri–TIKES federal grant project, (b) had not attended an outreach or regional motor development workshop conducted by the investigator, (c) had not taken the early childhood motor development course at the University of Missouri–Columbia, and (d) expressed interest in participating. Subjects represented an eight–county area in mid–central

Missouri.

Treatment

Two workshops were conducted for the two Head Start groups. Content of these workshops was inclusion and integration techniques, and motor development concepts and applications. Format of the workshops was multimedia based: (a) lecture on inclusion and motor development of preschool–age children; (b) participation in activities designed to foster knowledge of interaction between teacher and children with disabilities, and children with and without disabilities; (c) participation in movement activities designed to foster knowledge of motor development; (d) viewing videotape *Moving Together* (Folsom–Meek, 1991); and (e) handout *Viewer's Guide to Moving Together* (Folsom–Meek, 1991).

Instrumentation

Posttests were administered to the Head Start groups following treatment and to the control group following no treatment. The *Mainstreaming Attitude Inventory for Day Care Providers* was modified by Folsom–Meek (1989) from Jansma and Shultz's (1982) *Mainstreaming Attitude Inventory for Physical Educators.* The Jansma and Shultz inventory was an adaptation of the *Learning Handicapped Integration Inventory* (Watson & Hewett, 1976), originally developed for classroom teachers.

Subjects were instructed to read a vignette about a preschool child with delayed development and respond to the 15 statements about the possible effects of placement of a child like the one described into their child care programs. The statements expressing attitudes are rated according to a 5–point Likert scale: 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 =

agree, and 5 = strongly agree. Statements are both positively and negatively phrased; eight statements were positive and seven statements were negative. Range of possible scores is 15 through 75. For this study, reliability of the instrument as modified for child care providers, obtained using coefficient alpha, was .78 which surpasses the acceptable criterion of .70 (Nunnally, 1978; Safrit, 1986). Refer to Figure 1 for directions, vignette, and sample questions.

Insert Figure 1 about here

The *Motor Development Test for Day Care Providers* (Folsom–Meek, 1989) was developed specially for use with motor development training materials. Format of the instrument was multiple choice with four distractors; each answer was a legitimate choice. See Figure 2 for sample questions.

Insert Figure 2 about here

Results

The research design used in this study was a posttest–only control group design. Statistical analyses were conducted using Abacus software on a Macintosh computer. Descriptive statistics were computed using *StatView SE + Graphics* (Abacus Concepts, 1988). For each of the three groups, descriptive statistics were computed on attitude and motor development data and included ranges, means, standard deviations, and standard errors of the mean. See Table 1 for descriptive statistics for the three groups. For both attitude and motor development knowledge data, mean scores in descending

order were HSAT, HSDT, and control. For attitude data, the control group showed the greatest amount of variability, as indicated by the range, standard deviation, and standard error of the mean. For motor development knowledge data, variability of the three groups was similar, as depicted by the ranges, standard deviations, and standard errors of the mean for the three groups.

Insert Table 1 about here

A multivariate analysis of variance (MANOVA) statistical procedure was used to test the hypothesis of no difference among groups with respect to attitudes toward children with disabilities and motor development knowledge. This procedure was used because there were two dependent variables; MANOVA is considered to be protection against Type I error inflations because of multiple tests of dependent variables that are very highly likely to be correlated. The MANOVA and post–hoc analyses were computed using *SuperANOVA* (Abacus Concepts, 1991). Results of the MANOVA indicated an overall significant difference among groups [$\underline{F}$ (4,52) = 2.56, $\underline{p}$ = .04] by the Wilks' Lambda criterion ($\underline{\Lambda}$ = .70). Post–hoc analyses using Fishers' LSD procedure revealed that there was a significant difference between HAST and control groups with attitudes toward children with disabilities. There was no significant difference among the groups with motor development knowledge. See Table 2 for results of Fishers' LSD post–hoc test with attitude scores.

Insert Table 1 about here

Conclusions and Implications

The following conclusions can be made with this sample of child care providers. Regarding attitudes toward children with disabilities, the Head Start assistant teacher group displays more positive attitudes toward children with disabilities than does the Head Start director/teacher group and significantly more positive attitudes than does a control group of child care providers. In the area of motor development knowledge, although the Head Start assistant teacher group displays the greatest knowledge and the Head Start director/teacher group more knowledge than a control group of child care providers, the three groups display similar knowledge levels.

Several implications arise from this research. First, the Head Start assistant teacher group may have displayed more positive attitudes toward children with disabilities because they often worked with children displaying developmental delays and dysfunctions in a class–within–a–class setting. The role of these assistant teachers is much like that of the paraprofessional in a public school setting. If the regular teacher cannot accommodate needs of children with disabilities, then the paraprofessional often is assigned to work with these children within the larger group activity. Therefore, it is not surprising that these assistant teachers demonstrated the most positive attitudes toward children with disabilities and significantly more positive attitudes than a control group who had received no training.

Second, the motor development knowledge instrument contained a ceiling of ten questions. Had this instrument contained more questions, it might have been better able to discriminate among the three groups. For this study, length of the instrument was limited because of the short amount of time allotted for administration of both instruments. However, one important factor merits discussion. Although a variety of motor development training materials were utilized, training did not appear to have been of a long enough duration to show significant differences among groups. For this study, training was more of a practical application than a theoretical nature and lasted approximately three hours. This time constraint may not be long enough to demonstrate understanding of motor development of young children. In the state where this research was conducted, teacher licensure requirements for early childhood education included a course in early childhood motor development. In addition, students majoring in children and group settings in the child development area were highly encouraged to take this course. Many child care providers have not attended college and may be somewhat limited in their knowledge of children, at least from an academic perspective. Therefore, motor development training of child care providers needs to be of much longer duration and considerably more comprehensive in nature. Motor development is an important component of child development and training in this area needs to be part of continuing education, inservice, and conference programs.

References

Abacus Concepts. (1988). *StatView SE + Graphics.* Berkeley, CA: Abacus Concepts, Inc.

Abacus Concepts. (1991). *SuperANOVA.* Berkeley, CA: Abacus Concepts, Inc.

Folsom–Meek, S. L. (1989). *Mainstreaming attitude inventory for day care providers.* Columbia, MO: Missouri–TIKES federal grant project.

Folsom–Meek, S. L. (1989). *Motor development knowledge test.* Columbia, MO: Missouri–TIKES federal grant project.

Folsom–Meek, S. L. (1991). *Moving together.* [videotape]. Columbia, MO: Missouri–TIKES federal grant project.

Folsom–Meek, S. L. (1991). *Viewer's guide to Moving Together videotape.* Columbia, MO: Missouri–TIKES federal grant project.

Hymes, J. L. (1985, September). Head Start: Hopes and disappointments. *Young Children,* 16–19.

Jansma, P., & Shultz, B. (1982). Validation and use of a mainstreaming attitude inventory with physical educators. *American Corrective Therapy Journal, 36*(6), 150–158.

Klein, N., & Sheehan, R. (1987). Staff development: A key issue in meeting the needs of young handicapped children in day care settings. *Topics in Early Childhood Special Education, 7*(1), 13–27.

Nunnally, J. C. (1978). *Psychometric theory* (2nd ed.). New York: Academic Press.

Radonovich, S., & Houck, C. (1990). An integrated preschool: Developing a program for children with developmental handicaps. *Teaching Exceptional Children, 22*(4), 22–26.

Ruopp, R. R., Travess, J., Glantz, R., & Coelen, C. (1979). *Children at the center: Summary of findings and their implications, Vol. 5* (Final report of the National Day Care Study). Cambridge, MA: Abt Associates.

Safrit, M. J. (1986). *Introduction to measurement in physical education and exercise science.* St. Louis: Times Mirror/Mosby.

Washington, V., & Oyemade, U. J. (1985, September). Changing family trends: HEAD START must respond. *Young Children,* 12–15, 17.

Watson, P. C., & Hewett, F. M. (1976). *The learning handicapped integration inventory: Assessing regular classroom teachers' perception of the effect of integrating mildly handicapped children.* Unpublished technical report SERP, A–5.

Table 1

Descriptive Statistics of Attitude and Motor Development Scores by Group

Variable	Range (Min. - Max.)	M	SD	SEM
HSDT				
Attitude	7 (54 - 67)	60.00	4.50	1.42
Motor Development	7 (1 - 8)	5.60	2.22	0.70
HSAT				
Attitude	14 (58 - 72)	63.00	5.27	1.67
Motor Development	7 (2 - 9)	6.10	2.33	0.74
Control				
Attitude	20 (47 - 67)	57.20	5.69	1.80
Motor Development	7 (3 - 8)	4.30	2.21	0.70

Note. HSDT = Head Start Director/Teacher
HSAT = Head Start Assistant Teacher

Table 2

Results of Fisher's LSD Post–Hoc Test on Attitude Scores

Group	Vs.	Diff.	Crit. value	p
Control	HSDT	2.80	4.75	.23
	HSAT	5.80	4.75	.01*
HSDT	Control	3.00	4.75	.20

Note. HSDT = Head Start Director/Teacher

HSAT = Head Start Assistant Teacher

Figure 1. Sample of *Mainstreaming Attitude Inventory for Day Care Providers*

Mainstreaming Attitude Inventory for Day Care Providers

(Jansma & Shultz, 1982)

[Revision by Folsom–Meek, 1989]

Below you will find a brief description or vignette of Robert, a preschool child with delayed development. Please read it carefully. Following the vignette are 15 statements concerned with the possible effects of placement of a child like Robert into your day care program. You are to rate each statement in terms of your degree of agreement or disagreement with it. An example will be provided below. There are no right or wrong answers to any statement. Please use your best subjective judgment in rating each item. Remember, your responses will be confidential.

It is possible that you may not find all the information within the vignette that you would like in order to respond knowledgeably to certain items. However, since many testing decisions are made with only limited information, you are asked to use your best judgment based on what information is provided.

Please indicate your response to each statement on the following pages by placing a check above the rating that corresponds to the degree to which you agree or disagree with the statement.

[Example is here.]

VIGNETTE: Robert is a four–year–old boy whose home is in a middle class suburban area. He lives with his mother and father and a six–year–old sister who is an average student in the first grade. Robert, however, has an obvious disability. Robert spent the past two years in another day care program. Robert's parents have recently asked you if he could be safely and successfully placed in your day care program.

Choices for answers and scoring:

strongly disagree	1
disagree	2
undecided	3
agree	4
strongly agree	5

EXAMPLE OF POSITIVELY PHRASED QUESTION:

1. A child like Robert will likely form a positive relationship with you, the teacher.

EXAMPLE OF NEGATIVELY PHRASED QUESTION:

2. There will be more problems with the parents of a child like Robert than with the parents of the other children.

Figure 2. Sample of *Motor Development Knowledge Test*

Motor Development Knowledge Test

(Folsom–Meek, 1989)

SAMPLE QUESTIONS:

1. Which factor will enable the young child to refine his or her movement abilities?
   A. slides and swings
   B. wide variety of meaningful movement experiences
   C. maturation
   D. growth

2. An example of a fundamental locomotor skill is
   A. tripod
   B. throwing
   C. skipping
   D. log roll